INVOICE

Date: _____

Invoice #: _____

STUDIO NAME

Address Line 1
City, State, Zip
Email / Website

CLIENT INFORMATION

Name(s): _____

Address: _____

Phone: _____

EVENT DETAILS

Wedding Date: _____

Venue: _____

Package: _____

Description	Amount
Photography Package / Retainer Fee	$ _____
Additional Hours / Second Shooter	$ _____

Description	Amount
Travel / Accommodation Fees	$ _____
Albums / Prints / Digital Media	$ _____

Subtotal: $ _____
Tax: $ _____
Less Deposit Paid: ($ _____)
Balance Due: $ _____

PAYMENT TERMS

Payment is due by: _____

Accepted Methods: Check, Bank Transfer, or Credit Card.

Please reference the Invoice Number on all payments. All services are subject to the terms and conditions outlined in the signed Photography Services Agreement.